



FAMILY MEDICINE RESIDENCY  
OF IDAHO

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October 10, 2008

Joint Millennium Fund Committee  
Senator Patti Anne Lodge, Co-Chair  
Representative Dennis Lake, Co-Chair  
P.O. Box 83720  
Boise, ID 83720-0054

Dear Senator Lodge and Representative Lake:

It is with great pleasure that I submit to the Join Millennium Fund Committee the attached proposal to establish a "Clean Start" pilot for pregnant women receiving pre-natal care in Ada County at Family Medicine Residency of Idaho. FMRI worked with faculty from the Family Medicine Residency at Idaho State University in developing the concept for this proposal. ISU is submitting a separate but collaborative application to address the same target population in a different location (Pocatello). The shared goals of the two proposals are:

**Goal 1:** To pilot at the Family Medicine Residency of Idaho (in conjunction with the Family Medicine Residency at ISU) new approaches to improving outcomes of high-risk pregnancies by developing clean-start interventions.

**Goal 2:** To encourage residents to incorporate clean-start approaches into their practices upon graduation by incorporating successful strategies into the ongoing curriculum of both programs.

If the committee chooses to fund both proposals, as they have in the past, the results of the pilots should yield significant results in designing an intensive obstetrical curriculum for high-risk of substance abuse moms and improved delivery outcomes for their babies.

Thank you for your time and consideration. I look forward to presenting this proposal to you and discussing the ideas contained in it in more detail.

Sincerely,

  
Ted Epperly, M.D.  
Program Director and C.E.O.

## I. EXECUTIVE SUMMARY

- Date: October 10, 2008
- Contact person(s) and title(s): Ted Epperly, M.D., Program Director and C.E.O.
- Name of organization and mailing address: Family Medicine Residency of Idaho, 777 North Raymond Street, Boise, Idaho 83704
- Telephone and fax numbers and e-mail address of organization and contact person(s): (208) 367-6042 telephone, (208) 947-1761 fax, and e-mail [ted.epperly@fmridaho.org](mailto:ted.epperly@fmridaho.org)
- **Concise** description of the purpose of the funding request: Family Medicine Residency of Idaho (FMRI) developed this proposal in collaboration with the Family Medicine Residency at Idaho State University which is submitting a separate but collaborative application to address the same target population in a different location (Pocatello). The purpose of FMRI's Clean Start request is to implement Obstetrical (OB) interventions designed to prevent undesirable delivery outcomes such as developmental delay and pre-maturity. Many pregnancies are impacted by smoking, drug use and abuse, poverty, unhealthy diets, pre-existing chronic diseases, and poor lifestyle choices that adversely affect maternal and neonatal outcomes. These problems are compounded by poor access to physicians trained in the care of high-risk pregnancies. Research clearly demonstrates that post-delivery interventions are less successful, and more expensive, than implementing prevention strategies with pregnant women. This proposal is designed to pilot strategies for improving outcomes in this patient population. This pilot will also develop a "Clean Start" curriculum for residents training to become family physicians at FMRI. Once trained, many of these family physicians care for pregnant women and their infants throughout Idaho, particularly in isolated rural areas.
- Number of individuals, geographic area, and target population benefiting from this proposal: This program will be offered to 36 residents and one OB fellow. On average about 57% of FMRI residents stay and practice in Idaho. The citizens in these communities will benefit from this training. In addition, approximately 1,000 deliveries in Ada County will receive direct intervention.
- Total project budget: \$499,097
- Total dollar amount requested: \$500,000

## II. PROPOSAL

### A. Organizational Background

1. Description of organization's history, mission, and goals: Family Medicine Residency of Idaho (FMRI) has been serving the needs of Ada County as the primary safety net provider since its inception in 1975. In 2007, FMRI was designated by the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care as a Federally Qualified Health Center Look-Alike. FMRI, an active board level member of the Idaho Primary Care Association along with the 11 other community health centers in Idaho, is the largest service provider for uninsured and underinsured in Ada County. The mission of FMRI is threefold: 1) to serve low income, uninsured, disabled and other vulnerable populations of Ada County; 2) to train outstanding family physicians; and 3) to encourage these family physicians to work in Idaho's underserved and rural areas. In the course of its 30-year history, FMRI has graduated 200 family medicine physicians, 57% of whom have remained in Idaho. Forty-two percent of this group continues to serve in Idaho's rural and underserved areas as we work to meet the emerging primary care workforce demands of our state.
2. Description of current programs, activities, and accomplishments: FMRI operates two full service clinics in Ada County: Fort Street Clinic and Raymond Street Clinic. FMRI is the largest service provider for uninsured and underinsured in Ada County. In 2006, FMRI was the medical home to over 4,000 uninsured individuals. FMRI is also the largest Medicaid provider in *all* of Idaho with 24,565 annual Medicaid visits. FMRI employs 20.85 (physicians and mid-levels) primary care full-time equivalents (FTE). FMRI generated 46,000 outpatient and over 20,000 inpatient visits in FY 2005. FMRI offers a full spectrum of primary care services. The breadth of primary care is far beyond the typical family medicine facility. Services include prenatal services, obstetrical deliveries, primary and preventative care for all ages, chronic care management, health education, behavioral health care and access to lab, and other specialty needs, both on-site and through referrals. FMRI directly provides extensive social work services including psychiatry, licensed clinical counseling, and patient medication services, as well as translation services in 29 languages. As example of breadth, FMRI cares for over 1000 prenatal patients annually; 100 of these OB patients are in the Hispanic Outreach Clinic for medically needy Latinas and their families. FMRI has a long history of federally funded Department of Health and Human Services projects. FMRI has received a Ryan White HIV Title III grant for eight years which employs 2.0 FTE physicians, 9 support staff, and serves over 400 patients. FMRI has established many community linkages including a large dental program, transportation, pharmacy, and coordination with our local World Relief Refugee Relocation office.
3. List of board and staff members, and a brief description of their respective responsibilities: Board President Dr. Sam Summers, Board Vice President Kevin Scanlan, Board Treasurer Alec Andrus, Board Secretary Irene Ross, Patient Members: Sara Cahoon, Linda Clark, Joann Elsberry, Dr. James Girvan, Pearl Simon, and Betty West, Community Members: Kathie Garrett, Kathy Holley, John Kee, Karl Kurtz, and Janelle Reilly. Program Director and CEO Dr. Ted Epperly, COO Travis Leach, Associate Director of Operations Dr. Kevin Rich, Associate Director of Education Dr. Tim DeBlieck, and Associate Director of Rural Family Medicine Dr. Dave Schmitz.
4. Copy of current budget and description of current sources of funding.

## Family Medicine Residency of Idaho, Inc.

### FY 2009 Budget

For the Period 7/1/2008 - 6/30/2009

	FY 2008 Budget	FY 2008 Estimated Actual	FY 2009 Budget	% Increase 2009 over 2008 Budget
<b>Revenue</b>				
Net Pt Revenue	\$4,070,478	\$4,252,837	\$5,298,033	30%
Total Hospital	\$3,334,969	\$3,530,891	\$4,245,030	27%
Total Federal Grants	\$1,037,357	\$962,357	\$925,790	-11%
Total State Grants	\$1,146,955	\$1,146,955	\$917,528	-20%
Total Other Grants	\$726,747	\$509,724	\$383,557	-47%
Total Other Revenue	\$97,600	\$85,768	\$86,700	-11%
<b>TOTAL Revenue</b>	<b>\$10,414,106</b>	<b>\$10,488,532</b>	<b>\$11,856,638</b>	<b>14%</b>
<b>Expenditures</b>				
Total Salary	\$6,140,501	\$6,140,354.28	\$6,978,330	14%
Total Benefits	\$1,386,458	\$1,212,647.66	\$1,327,440	-4%
Total Contract Services	\$183,949	\$366,073.00	\$493,449	168%
Total SLRSC Clinic	\$134,340	\$134,340.00	\$134,340	0%
Tot Clinic Med Expense	\$562,585	\$648,510.06	\$635,522	13%
Total Lab Expense	\$48,475	\$67,144.64	\$67,800	40%
Total Radiology	\$6,000	\$5,277.58	\$5,500	-8%
Total Faculty	\$99,876	\$115,793.54	\$142,248	42%
Total Residents	\$135,418	\$148,487.70	\$153,642	13%
Total Occupancy	\$420,500	\$421,764.42	\$517,000	23%
Total G & A	\$360,675	\$404,939.16	\$395,200	10%
TOTAL Informatin Tech	\$91,210	\$90,858.00	\$263,575	189%
Total Ryan White	\$836,219	\$729,875.00	\$742,189	-11%
<b>TOTAL Expenditures</b>	<b>\$10,406,206</b>	<b>\$10,486,065</b>	<b>\$11,856,235</b>	<b>14%</b>

### B. Purpose of Request: Goals and Outcomes

- Briefly describe the issue(s) you will address: Family physicians care for pregnant women and their infants throughout Idaho, particularly in isolated rural areas. Many pregnancies are impacted by smoking, drug use and abuse, poverty, unhealthy diets, pre-existing chronic diseases, and poor lifestyle choices that adversely affect maternal and neonatal outcomes. These problems are compounded by poor access to physicians trained in the care of high-risk pregnancies. Treating undesirable outcomes such as developmental delay and pre-maturity after the fact is less successful, and more expensive, than implementing prevention strategies. This proposal is designed to pilot strategies for improving outcomes in this patient population at Family Medicine Residency of Idaho (FMRI). Services will be provided to low income pregnant women in Ada County. This proposal was developed in collaboration with the Family Medicine Residency at Idaho State University which is submitting a separate but collaborative application to address the same target population in a different location (Pocatello) **This proposal has two primary goals. Goal 1:** To pilot at the Family Medicine Residency of Idaho (in conjunction with the Family Medicine Residency at ISU) new approaches to improving outcomes of high-risk pregnancies by developing clean-start interventions. **Goal 2:** To encourage residents to incorporate clean-start approaches into their practices upon graduation by incorporating successful strategies into the ongoing curriculum of both programs.

2. Describe the overall purpose(s) of your project and the areas that will be different at the end of the project or grant period. Include information on:
  - a. The short-term objectives you want to achieve with this grant request:

To produce healthy outcomes in high risk obstetrical patients and their newborn babies in the following areas: OB patients that screen positive for the following: illicit drug and substance abuse, tobacco use and abuse, and alcohol use and abuse. OB patients that are on therapeutic medications for mental illness, diabetes, and hypertension amongst others for their potential for causing birth defects. OB patients with unhealthy lifestyles that need education and coaching in the areas of: diet, nutrition, and exercise. Creation of a one-year OB fellowship in family medicine to determine the long-term viability of this fellowship.
  - b. The long-term objectives you are working toward, and how this grant request relates to them: The long-term objective is to provide outstanding family medicine education to all FMRI residents in the areas of screening, recognition, intervention, and the management of the following: illicit drug and substance abuse, therapeutic drug use that may cause birth defects, healthy lifestyle that will maximize healthy mothers and babies, and to create a permanent family medicine OB fellowship opportunity in Idaho.

### **C. Organizational Capacity**

Describe why your organization is well-positioned to implement this grant request. Include information on:

1. How this grant relates to your organization's strategic plan and mission: FMRI has been training family medicine residents since 1975. In that time, we have graduated 221 outstanding family medicine physicians. Our strategic plan has specific goals targeted at the expansion of curricular areas including establishment of an OB fellowship. Further our priorities are to meet the emerging work force deficits that are becoming apparent in Idaho. Finally, our mission is to keep the majority of our physician graduates in Idaho and serving rural and underserved populations with the skills needed to improve outcomes for pregnant woman and reduce substance abuse and other behaviors that can adversely affect birth outcomes.
2. Related program or organizational accomplishments: FMRI has grown from a small resident class in 1975 to currently training over 30 family medicine residents. FMRI graduates are all capable of providing full scope family medicine services including obstetric services. Over our successful history, we have developed numerous programs specifically designed to enhance health outcomes. In our most recent five year period, we were the recipient of two federal training grants targeted at improvement of mental health services and systems as well as a major project to change our obstetrical delivery care system. We have also been the principal investigator of a seven member consortium Healthy Communities Access Program (HCAP) grant that involved major hospitals, health department, United Way, and two other safety net providers. This grant provided over two million over a two and half year period and provided vital infrastructure building for electronic medical record systems, established of a Physician Volunteer Network, and various other activities designed to reduce morbidity associated with chronic disease. Finally we have been part of many local and state initiatives including a project in the last year that produced much needed tobacco

cessation training to rural providers, meth outreach education, and the design and development of Magic Valley Rural Training Track to be accredited in 2009.

3. Links with other organizations doing similar or related work in your geographic area or on the same issue: FMRI developed this proposal in collaboration with the Family Medicine Residency at Idaho State University (ISU) which is submitting a separate but collaborative application to address the same target population in a different location (Pocatello). In addition to our strong collaboration with ISU, FMRI has had consistently strong collaborative relationships with Saint Alphonsus RMC, St. Luke's RMC, Terry Reilly Health Services, Garden City Community Clinic, and Central District Health Department. All of these partners have collaborated in various ways to support reproductive health, obstetrical, or substance abuse prevention.
4. Qualifications and responsibilities of the staff and volunteers who will be working with the target population (this information should be presented in summary form): FMRI draws from a rich experience pool of faculty, mid-levels, and nursing staff as well as local community physicians. This rich resource of personnel allows access to OB/Gyn, pediatrics, family medicine, behavioral health, general surgery, infectious disease, and orthopedics. On site, FMRI offers full scope family medicine services and procedure services at two clinic sites in Ada County. FMRI also has the luxury of a very diverse patient population and staff that is skilled in cultural competency and has vast experience working with Idaho's vulnerable Medicaid and uninsured populations.
5. The target population's involvement in your organization (e.g. as volunteers or as board, staff, or advisory group members): As outlined in Section II, A, 3; FMRI has broad representation from our community board members including health professionals, academic professionals, an attorney, retired community leaders, as well as representation from our patient population including low income, Hispanic, and Medicare representation.

#### **D. Process**

Summarize the work plan you will use to accomplish your goals and outcomes. Include information on:

1. Tasks and timetable for key staff executing this effort: The following FMRI staff will be key to successful implementation of this project by providing oversight to patient care and resident education: Ted Epperly, MD Program Director and CEO (Project Director), Marietta Thompson, MD and Cyndi Hayes, MD Obstetrical Faculty, Elizabeth Rulon, MD and Jennifer Petrie, MD Family Medicine Faculty, Sarah Cox, CNM-NP Case Manager, Perry Brown, MD and Susan Kim, MD Pediatric Faculty, Roger Hefflinger, PharmD Faculty Pharmacologist, Alex Reed, MPH-PsyD and Jeralyn Jones, MD Behavioral Health Faculty, Clarence Blea, MD; Stacy Seyb, MD; Richard Lee, MD; and Mike Koszalka, MD Perinatologists Physicians, Nutritionist to be hired with grant funds and OB fellow to be hired with grant funds.
2. Tasks and timetable for key organizations involved in this effort.

Between grant decision and July 1, 2009:

- A. Create, credential, and fill OB fellowship position. Responsible party: FMRI's Program Director and CEO, Associate Director of Education and Residency Administration.
- B. Develop job description and market for Nutritionist (minimum 60 days in advance of award). Responsible party: FMRI Human Resource Department.

- C. Develop contracts for obstetrical faculty to develop Clean Start project. Responsible party: Program Director and CEO and Human Resource Department.

July 1, 2009 - October 1, 2009:

- A. Fellow begins and develops a pre and post assessment of OB awareness and behavior to evaluate effectiveness of project in consultation of on-staff clinical psychologist. Clean Start curriculum developed in consultation with OB experts. Responsible Party: Clinic team outlined in Section D, 1.

October 1, 2009 - April 30, 2010:

- A. Clean Start implemented ongoing. Responsible party: Clinic team outlined in Section D, 1.
- B. Fellowship activities fully underway. Pre and post assessment on every OB encounter. Responsible party: OB fellow and FMRI faculty behavioral health physicians.

May 1, 2010 - June 30, 2010:

- A. Clean Start wrap up. Data and report developed for policy leaders. Additional funding for sustainability in place. New OB fellow identified assuming funding identified. Responsible party: Clinic team outlined in Section D, 1.
3. Existing community resources you will use (e.g., facilities, people, and partnerships). Perinatologists physicians Clarence Blea, MD; Stacy Seyb, MD; Richard Lee, MD; and Mike Koszalka, MD.
  4. Activities or tasks that will occur on a day-to-day basis: Using a team approach, the FMRI providers listed above will undertake the following tasks as part of the Clean Start Grant: All obstetrical patients will be screened and all high risk obstetrical patients with illicit drug and substance abuse (tobacco abuse, alcohol abuse, and therapeutic medicine use that could be teratogenic to their newborn babies will be identified). These patients will be managed to provide maximized health outcome to the mothers and their newborn children. Outstanding ongoing, permanent education will be conducted to all 33 of the Family Medicine Residency of Idaho family physician residents to imprint this style of care for their future practices. A permanent obstetrical fellowship program will be initiated that will be a permanent, ongoing program from this project.
  5. The target population and how they will benefit: This program will be offered to 36 residents and one OB fellow. On average about 56% of FMRI residents stay and practice in Idaho. The citizens in these communities will benefit from this training. In addition, approximately 1,000 deliveries in Ada County will receive direct intervention.
  6. The target population's involvement in the project's development and execution: FMRI governing board consists of 51% consumers. The governing board provides direction and oversight to all strategic initiatives including the Clean Start proposal.

## **E. Evaluation Plan**

Using sections B (Purpose of Request: Goals and Outcomes) and D (Process), describe what you want to learn about your program goals, outcomes, and process over the grant period. Include information on:

1. Two or three primary evaluation questions you expect to answer. The primary evaluation questions are: What is the appropriate curriculum to provide family residents with the skill set to screen, recognize, intervene, and manage: illicit drug and substance abuse, therapeutic drug use that may

cause birth defects, and healthy lifestyle that will maximize healthy mothers and babies. Does a “clean start” intervention by a family physician change the behavior of pregnant women during pregnancy? Does a “clean start” intervention increase the likelihood of a healthy delivery?

2. The assessment methods/strategies you will use to answer your evaluation questions (e.g. records, surveys, interviews, pre- and post-tests, community feedback, etc.). Please be specific and realistic: The evaluation will use both qualitative and quantitative methodologies. The following strategies will be used to evaluate the three evaluations questions asked above: 1) Development and implementation of the curriculum will be one measure of success. The grant funds allow for intensive obstetrical resources to be available to the residency to develop the “Clean Start” curriculum. One measure qualitative of success is having a model “Clean Start” curriculum in place. 2) A pre- and post-test assessment will be developed by FMRI faculty and the OB fellow for use with high-risk pregnant women. The pre-test will assess the level of risk when entering care and the post-test will be given after delivery to assess any behavioral change and satisfaction by the new mother with “Clean Start” program. Quantitative assessments can be quite rigorous, expensive to develop and implement. Given that no grant funds are included for data collection or analysis, the testing instrument will need to be short and easy to implement. However, the goal of the assessment will be to determine if the intervention by the family physician had any effect upon behavior. 3) The final qualitative measure will be the development of two to three case studies with success stories. Success will be determined by the clinic team in conjunction with resident experiences. Inclusion as a “success story” will be totally voluntary and up to the woman viewed as a success. Success stories have a strong appeal to the general public, media and foundations when pursuing ongoing funding. Collection of outcome data on all deliveries was considered as an evaluations strategy and rejected. Given the limitations of no control group (since all pregnant women would receive the intervention), limited research funds, short-time frame, and small sample, aggregate outcome data might not by itself provide an effective measure of success.
3. How your organization will involve stakeholders in the evaluation process (e.g. board, the target population, and community members): As noted previously, FMRI governing board consists of 51% consumers. The governing board provides direction and oversight to all strategic initiatives including the Clean Start proposal and will be kept informed of the progress on this project once funded. In addition, pregnant women will be involved through the pre and post-test process. Finally, FMRI is collaboratively working with ISU on this pilot. Evaluation activities will peer reviewed by participants in the ISU pilot.
4. How your organization will use this information to improve future outcomes internally (e.g. for program improvement, fund-raising, communications, etc.) and externally (e.g., disseminate lessons learned through reports, workshops, and networking activities): FMRI will use the outcomes to further refine the Clean Start curriculum. In addition, results will be used to pursue grant/foundation funding for sustainability and augmentation of the project. We believe success stories and funding from the Millennium fund will be attractive to other funders. As graduate medical education program, FMRI faculty routinely undertake presentations and write articles about their work for other physicians, the community, and national workshops.



## F. Sustainability

Describe the additional resources needed to continue this project over time (e.g. financial, staffing, partners, etc.). Include information on:

1. How you will secure the other resources necessary and/or complete the work involved in this grant request: The Clean-start pilot project is designed to provide enhanced OB expertise to FMRI to develop a "Clean Start" curriculum for residents training to become family physicians. Once created this curriculum is ongoing within existing resources. As part of this proposal, FMRI will identify opportunities for sustainable funding strategies including government grants as well as patient revenues. The obstetric fellowship is a one-year obligation each time a fellow is accepted which allows discontinuing the fellowship for a period of time if necessary.
2. How your organization plans to support this project in the future: Grant funds will be used to by FMRI to obtain a portion of a case- manager's time (either a certified nurse midwife or a registered nurse) a full-time nutritionist and a stipend for an OB fellowship position. The case manager position, as a nurse midwife or registered nurse, will be able to be sustained through clinical encounter revenue. The nutritionist position will be sustained either through other grant funds such as grant funding available through the Healthy Tomorrows Partnership for Children Program (a cooperative agreement program of the federal Maternal and Child Health Bureau and the American Academy of Pediatrics) or through other clinic funding. The OB fellowship is a year-to-year opportunity based upon funding availability and/or identification of qualified and interested residents. Assuming the pilot fellowship is successful, FMRI will need to identify a permanent funding mechanism through a combination of clinic revenue and grant funding.

## III. BUDGET

### A. CURRENT REQUEST

1. Include completed copies of the Project Budget and Personnel Costs Detail Tables found in the Applicant Summary and Scoring Sheet Microsoft Excel workbook:

Project Budget		Other Funding Sources			
	Millennium Fund	TOTAL			
<b>Personnel Costs</b>					
Salaries	310,438				310,438
Benefits	87,559				87,559
<b>Total Personnel Costs</b>	<b>397,997</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>397,997</b>
<b>Operating Expenditures</b>					
1. Supplies - Education Materials	5,000				5,000
2. Medication	15,000				15,000
3. Insurance, Additional Liability Coverage	5,000				5,000
4. Other, Meals, Meetings, Etc.	11,000				11,000
5. Administration Costs (15%)	65,100				65,100
<b>Total Operating Expenditures</b>	<b>101,100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>101,100</b>
<b>Capital Outlay</b>					
<b>Total Capital Outlay</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Trustee Benefit Payments</b>				
<b>Total T/B Payments</b>				<b>0</b>
<b>TOTAL BUDGET</b>	<b>499,097</b>	<b>0</b>	<b>0</b>	<b>499,097</b>
<b>% TOTAL</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>

2. Provide supporting narrative explaining how the budget supports the project proposal:

Since FMRI already has a strong infrastructure the vast majority of the budget will be used to support personnel costs.

The budget supports the following personnel costs: 0.2 FTE Obstetrical faculty, 0.2 FTE Family Medicine faculty, 0.2 FTE Certified Nurse Midwife, 0.2 pediatric faculty, 0.05 FTE Pharmacologist, 0.3 FTE Behavioral Health physicians, 0.2 FTE Perinatologists, 1.0 FTE Obstetrical Fellow, 1.0 FTE Nutritionist, 0.2 FTE Family Medicine Case Manager, and 0.05 FTE Program Manager.

The budget supports the following operational expenditures: educational materials, medication for at-risk patients, additional medical liability coverage for increased clinical personnel, meals for patient education meetings and logistics, and an indirect cost allocation for administrative support.

## B. PREVIOUSLY AWARDED GRANTS

If you have received a grant from the Millennium Fund in the past for the requested project, please provide detailed expenditure reports for up to the last five years:

Millennium Fund Budget FY 2008

Family Medicine Residency of Idaho, Inc.

<b>Equipment</b>	<b>Budget</b>	<b>Actual</b>
Colonoscopies (3)	\$ 21,000.00	\$ 35,000.00
EGDs (3)	\$ 21,000.00	\$ 6,000.00
Ultrasound	\$ -	\$ 18,000.00
Rural Rotation Enhancement Sites and Equipment	\$ 12,500.00	\$ 9,777.00
Facilities Renovation and Preparation	\$ 18,500.00	\$ 11,000.00
IT- Computers and Software	\$ 7,500.00	\$ 4,169.47
Televideo Material	\$ 25,000.00	\$ 2,094.85
Total Equipment	\$ 105,500.00	\$ 86,041.32
<b>Travel &amp; Education</b>		
Site Visits	\$ 5,000.00	\$ 7,300.00
Travel	\$ 5,000.00	\$ 8,212.32
Smoking Cessation	\$ 5,000.00	\$ 7,490.71
Total Travel & Education	\$ 15,000.00	\$ 23,003.03
<b>Contractual Services</b>		
Grant Administration	\$ 5,000.00	\$ 5,000.00
Consultant Work	\$ 5,000.00	\$ 1,000.00
Site Director Stipend	\$ 10,000.00	\$ 10,000.00
Assistant Site Director Stipend	\$ 5,000.00	\$ 5,000.00
Jerome Coordinator Stipend	\$ 5,000.00	\$ 5,000.00
Twin Falls Coordinator Stipend	\$ -	\$ 5,000.00
Oversight Committee	\$ 3,000.00	\$ 3,000.00
Rural Rotation Enhancement Preceptors	\$ 12,500.00	\$ -
RTT Development Project Coordinator	\$ 20,000.00	\$ 45,778.52
Office Supplies	\$ -	\$ 28.19
Administrative Assistant	\$ 5,000.00	\$ 1,500.00
Total Contractual	\$ 70,500.00	\$ 81,306.71
<b>Other</b>		
PIF Drafting / Editing / Finalization	\$ 50,000.00	\$ 65,999.61
Legal Review	\$ 5,000.00	\$ 4,000.00
Meeting Expenses	\$ 15,000.00	\$ 1,449.33
Finalization	\$ 10,000.00	\$ 9,200.00
Total Other	\$ 80,000.00	\$ 80,648.94
<b>TOTAL</b>	<b>\$ 271,000.00</b>	<b>\$ 271,000.00</b>
<b>In-Kind</b>		
Ted Epperly, M.D. Additional Time		\$ 3,900.00
West Valley Medical Center Ultrasound		\$ 3,250.00
Dave Schmitz, M.D. Additional Time		\$ 1,500.00
COO Administrative Time (40 hours)		\$ 1,800.00
		\$ 10,450.00
		\$ 281,450.00

